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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/620,411	07/16/2003	Richard Craig Estey	55632.107561	9611
45766 ANTOINETTE	7590 06/23/200 • <b>M.</b> TEASE	EXAMINER		
P. O. BOX 510		RENDON, CHRISTIAN E		
BILLINGS, MT 59105			ART UNIT	PAPER NUMBER
			3714	
			MAIL DATE	DELIVERY MODE
			06/23/2008	PAPER

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summary	10/620,411	ESTEY, RICHAF	ICHARD CRAIG	
Interview Summary	Examiner	Art Unit		
	CHRISTIAN E. RENDÓN	3714		
All participants (applicant, applicant's representative, PTO	personnel):			
(1) <u>CHRISTIAN E. RENDÓN</u> .	(3)			
(2) <u>Antoinette Tease</u> .	(4)			
Date of Interview: <u>6/10/08</u> .				
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]		
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.			
Claim(s) discussed:				
Identification of prior art discussed:				
Agreement with respect to the claims f)☐ was reached. g	ı)∏ was not reached. h)⊠ N	I/A.		
Substance of Interview including description of the general reached, or any other comments: <u>The Examiner contacted appears the applicant wishes to pass on the opportunity to been abandoned.</u>	Antoinette Tease to inquiry th	e status of the a	oplication. It	
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w			
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OF THE SUBSTANCE OF THE INTERVIEW OF THE INTERVIEW OF THE SUBSTANCE OF T	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO	
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red		

Application No.

Applicant(s)